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## APPLICANTS

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 \*\* CONTINUING DATA \*\*\*\*\*

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 \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IL	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>EW</i> Examiner's Signature	<i>EW</i> Initials	4	17	2

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## TITLE

DISPENSING AID FOR ADMINISTERING MEDICATIONS TO INFANTS

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